



MEMORANDUM

Agenda Item No. 11(A)(20)


TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: May 1, 2012

FROM: R. A. Cuevas, Jr.
County Attorney

SUBJECT: Resolution retroactively authorizing
in-kind services for the February 19,
2012 "Miami Kidney Walk" event

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsors Chairman Joe A. Martinez.



R. A. Cuevas, Jr.
County Attorney

RAC/cp

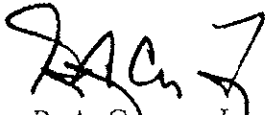


MEMORANDUM

(Revised)

TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: May 1, 2012

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R. A. Cuevas, Jr.
County Attorney

SUBJECT: Agenda Item No. 11(A)(20)

Please note any items checked.

- ☐ "3-Day Rule" for committees applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Ordinance creating a new board requires detailed County Manager's report for public hearing
- ☐ No committee review
- ☐ Applicable legislation requires more than a majority vote (i.e., 2/3's ____, 3/5's ____, unanimous ____) to approve
- ☒ Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 11(A) (20)
5-1-12

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION, AND OPEN SPACES DEPARTMENT AND THE ELECTIONS DEPARTMENT FOR THE FEBRUARY 19, 2012 "MIAMI KIDNEY WALK" EVENT SPONSORED BY NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$2,269.85 TO BE FUNDED FROM THE UNSPENT BALANCE OF THE DISTRICT 11 FY 2008-09 IN-KIND RESERVE FUND

WHEREAS, The National Kidney Foundation of Florida, Inc., has requested in-kind services from the Parks, Recreation, and Open Spaces Department and the Elections Department for the February 19, 2012 "Miami Kidney Walk" event in an amount not to exceed \$2,269.85 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "Miami Kidney Walk" is to benefit the National Kidney Foundation's programs and patients; and

WHEREAS, The National Kidney Foundation of Florida, Inc. is a not-for-profit organization; and

WHEREAS, the "Miami Kidney Walk" event is a special event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$2,269.85 of the in-kind services shall be funded from the unspent balance of the District 11 FY 2008-09 In-Kind Reserve Fund,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board retroactively authorizes in-kind services from the Parks, Recreation, and Open Spaces Department and the Elections Department for the February 19, 2012 "Miami Kidney Walk" event sponsored by The

National Kidney Foundation of Florida, Inc., in an amount not to exceed \$2,269.85 to be funded from the unspent balance of the District 11 FY 2008-09 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Chairman Joe A. Martinez. It was offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote, the vote was as follows:

Joe A. Martinez, Chairman	
Audrey M. Edmonson, Vice Chairwoman	
Bruno A. Barreiro	Lynda Bell
Esteban L. Bovo, Jr.	Jose "Pepe" Diaz
Sally A. Heyman	Barbara J. Jordan
Jean Monestime	Dennis C. Moss
Rebeca Sosa	Sen. Javier D. Souto
Xavier L. Suarez	

The Chairperson thereupon declared the resolution duly passed and adopted this 1st day of May, 2012. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

GKS

Gerald K. Sanchez

**MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION**

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Dalores Green
Office of Strategic Business Management
111 N.W. 1st Street, Suite 2200
Miami, FL 33128

Phone: (305) 375-5143
Fax: (305) 375-5168

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☐ Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- ☒ Special Event - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☐ Major Event - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

Note: Event budget must be included for "Special" and "Major" event types.

1. Full legal name of the requesting organization: National Kidney Foundation of Florida

2. Applicant Status: (Select one of the choices below)

- ☒ Not-For-Profit or Tax Exempt
☐ For-Profit
☐ Local Government or Public Entity
☐ Other (specify):

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): Dayane Nunez

2561 Coral Way, Miami 33145, (305) 854-5690,
dnunez@kidneyfla.org

4. Specify fee waiver or in-kind service requested (quantify, if applicable):

Show Mobile & Tables/Chairs from Electronics Dept.

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): Chairs 125 / 60 Table:

Miami Kidney Walk to benefit National
Kidney Foundation's programs and patients.

6. Please select ALL that apply to event:

- ☒ **Economic Development:** Event supports vitality or growth of the local economy
- ☒ **Youth/Education:** Event benefits youth of any age and/or offers educational benefits
- ☒ **Health and Social Services:** Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- ☐ **Arts and Culture:** Event supports music, theatre, literature, art or culture
- ☐ **Environmental:** Event benefits environmental concerns or promotes conservation
- ☐ **Sports and Athletics:** Event supports/promotes organized sports or recreational participation

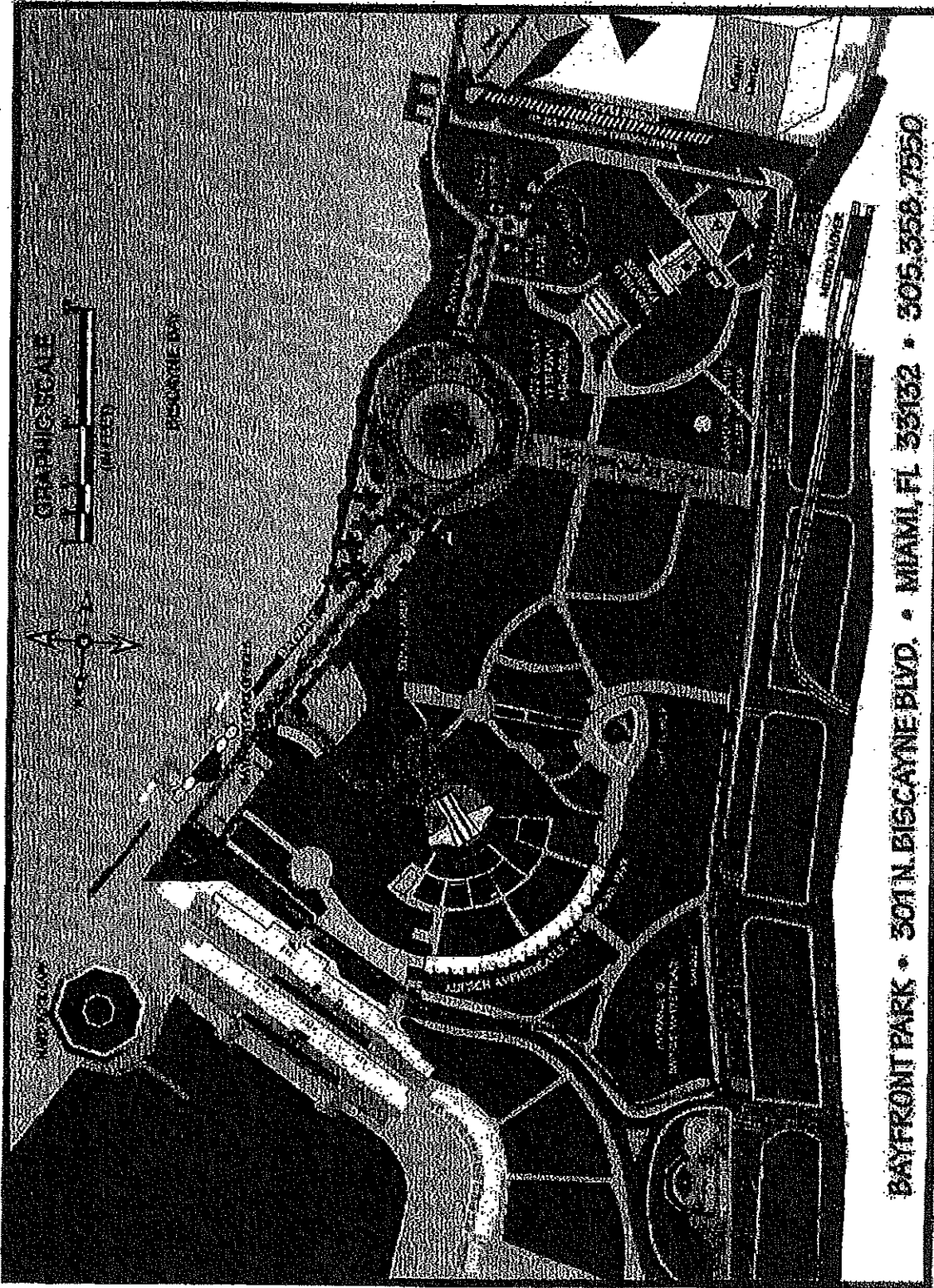
MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

7. Physical address of event venues (please specify Commission District(s)): Bayfront Park, Miami
Commissioner Bruno Barreiro
8. Description of regional or local impact: To help create awareness of
kidney disease, educate on staying healthy
and fundraise to promote & help the programs of
the NKF.
9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):
10am to 3pm on Sunday, February 19th
10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable):
see attached ... all in Bayfront Park.
11. Expected number of participants and estimated attendance (per day, if applicable): between 1500 - 3000
12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed):
\$40,000

I hereby certify that all the statements made in this application are true and correct.

[Signature]
Signature of Authorized Representative

2/13/2012
Date



Miami Kidney Walk 2012 - KDH



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 04/05
08/07/08

85-8012671819C-2	09/02/2008	09/30/2013	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

NATIONAL KIDNEY FOUNDATION
OF FLORIDA INC
1040 WOODCOCK RD STE 119
ORLANDO FL 32803-3510

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 04/05

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (FAC).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is PO BOX 6480, Tallahassee, FL 32314-6480.

Memorandum



Date: May 1, 2012

To: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor

A handwritten signature in black ink, appearing to read "Carlos A. Gimenez", written over a horizontal line.

Subject: District Specific In-Kind Request

A retroactive waiver for in-kind services has been requested by a non-for-profit, The National Kidney Foundation of Florida, Inc., for their "Miami Kidney Walk" event held on February 19, 2012.

In-kind services have been requested in an amount not to exceed \$1,750 from the Parks, Recreation and Open Spaces Department for the use of a large showmobile; and \$519.85 from the Elections Department for the use of 120 chairs and 75 tables. This event will be funded from the unspent balance of the District 11 FY 2008-09 in-kind reserve fund.

A handwritten signature in black ink, appearing to read "Deputy Mayor", written over a horizontal line.

Deputy Mayor

Inkind0120011